

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 25 45 0	2. Fiscal Year Covered From:
To considerate to the second	1 / 1 / 2005 Through: [21/3] / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Lastal P Brkovich	Name BAC Local 09
	Labor Organization File Number 540949
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1410 PiRI SHCCT	Street 100 Kingston Blud.
city MCK cosport	city Mancoeville
State DA . ZIP Code + 4 15132-5333	State DA: ZIP Code + 4 15835
5. Position in labor organization.	
	usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
monetary value from an employer whose employees your organizat	derived income or other economic benefit of
6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of ion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

Date

Telephone Number

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Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name BAC Local O9 Trade Name, if any: Chopkachailman Blickburth O9 P.O. Box, Bldg., Room No., if any Street 100 kingston Road City Manioquilla State PA ZIP Code +4 15335	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Chapter Chairman - Attend all meeting. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dues paid for 4 superate months. Paid for 4 superate months	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	